

Registration District No. 318

Primary Registration District No.

1. PLACE OF DEATH:

(a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
Homer G Phillips Hospital  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 6 days  
(Specify whether  
In this community  
years, months or days)

3. (a) PRINT FULL NAME Louis King

3. (b) If veteran, name war  
3. (c) Social Security No.

4. Sex Male 2  
5. Color or race Col.  
6. (a) Single, widowed, married, divorced Single

6. (b) Name of husband or wife  
6. (c) Age of husband or wife if alive years

7. Birth date of deceased June 2, 1897  
(Month) (Day) (Year)

8. AGE: Years 51 Months 6 Days 28  
If less than one day hr. min.

9. Birthplace Savannah, Tenn.  
(City, town, or county) (State or foreign country)

10. Usual occupation Laborer

11. Industry or business

MOTHER FATHER {  
12. Name Rance King  
13. Birthplace Savannah, Tenn.  
(City, town, or county) (State or foreign country)  
14. Maiden name Octavia Kedall  
15. Birthplace Savannah, Tenn.  
(City, town, or county) (State or foreign country)

16. (a) Informant Rev. I. T. Moore  
(b) Address 2929 Dayton Street

17. (a) Burial (b) Date thereof 7-8-48  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Oakdale Cemetery

18. (a) Signature of funeral director E. B. Kameel  
(b) Address 1221 N. Grand Blvd.

19. (a) Date received local registrar 7-11-48 (b) J. F. Bredbeck  
(Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County 0-0-0  
(c) City or town St. Louis 19  
(If outside city or town limits, write "RURAL") 9  
(d) Street No. 2619 Franklin  
(If rural, give location)  
(e) Citizen of foreign country? 21 (Yes or No)  
If yes, name country

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month June day 30  
year 1948 hour 10 minute 30 P M.

21. I hereby certify that I attended the deceased from 6-24-48 to June 30, 1948;  
that I last saw him alive on June 30, 1948;  
and that death occurred on the date and hour stated above.

Immediate cause of death: Hypertensive Cardio-vascular Disease  
Duration Under.

Due to  
Due to

Other conditions None  
(Include pregnancy within 3 months of death)

Major findings:  
Of operations  
Of autopsy No  
PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicidus (specify)  
(b) Date of occurrence  
(c) Where did injury occur? (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place?

(Specify type of place)  
While at work (Specify type of place) (Specify nature of injury)  
23. Signature Oscar L. Daniels (M. D. or other)  
Address 2601 N. Whittier Date signed 7/1/48

4-1874

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_

\_\_\_\_\_, Registered Apprentice No. \_\_\_\_\_

working under my personal supervision.

Signed: Frederic J. Vandell

Licensed Embalmer No. 4243

P. O. Address 14 Kaymire

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.

Hubert Brown